

Public Comment
March 2, 2004

DR. McCABE: We'll begin this morning with public comments. We have two individuals who have registered to provide public comments. Information has been passed out to you at your places this morning. Our first public commentator is Dawn Allain, who is President of the National Society of Genetic Counselors.

MS. ALLAIN: Good morning. I am Dawn Allain, President of the National Society of Genetic Counselors. NSGC represents approximately 2,000 master-level genetic counselors who practice in a variety of medical specialties, research centers, and biotechnology companies.

NSGC recognizes that in order to realize the full benefit of genetic technologies, clinical genetic services must be integrated into current health care delivery models. This morning, I will present two issues that must be addressed to achieve this goal as well as to facilitate improved access to genetic services for American citizens.

First, NSGC feels that inadequate coverage and reimbursement for genetic services is a significant economic barrier to providing adequate genetic health care. This is a direct result of four factors. First is the failure of third party payers to recognize clinical genetics as a subspecialty in routine health care services.

Although the American Board of Medical Subspecialties formally acknowledged medical genetics as a subspecialty, many health plans and payers do not provide a listing of genetic practitioners within their plans. This suggests that genetic services are not yet appreciated as standard or routine medical care. Additionally, some third party payers continue to deny coverage for genetic services by claiming that they are experimental or because counseling services are deemed non-essential.

Third, CMS does not currently recognize genetic counselors as allied health care providers. This prevents facilities from billing for genetic services that are rendered by a board-certified genetic counselor. The combination of these problems frequently means greater out-of-pocket costs for consumers or consumers forgoing services entirely.

Finally, while progress has been made in developing current procedural terminology or CPT billing codes for genetic diagnostic tests, as pointed out yesterday, CPT codes are still lacking for the genetic counseling and evaluation services that precede and follow most genetic tests.

This system shortfall continues to make it extraordinarily difficult for genetic clinics to bill for services. As a result, genetic counseling services are frequently considered to be non-reimbursable and there is growing concern among genetic professionals that genetic services will be reduced unless the financial impact of providing services can be mitigated. If genetic service providers positions are eliminated due to inadequate or non-existent reimbursement, this will only serve to worsen access to genetic services, particularly for clients in underserved populations.

NSGC is currently funding a research study to analyze the cost-benefit ratio of prenatal counseling services. We encourage SACGHS to identify and promote additional companion research that will add to the evidence-based outcome data necessary to tackle billing and reimbursement issues.

In addition, we encourage SACGHS and CMS to work with genetic professional organizations and the AMA to establish CPT codes for clinical genetic services and to recommend to administration and Congress that genetic counselors be incorporated into federal statute and recognized as allied health care providers.

Second, NSGC recognizes that additional genetic testing for non-genetic health care professionals and specialty training of genetic specialists is critical. AS NSGC has testified previously, there are only about a 150 genetic counselors graduating from master-level programs annually. There are even fewer medical geneticists whose training numbers have dropped in recent years and even fewer advanced nurses in genetics. With the demands for genetic services on the rise, this training pipeline is inadequate.

In addition, the lack of basic competencies in genetics of health care professionals is a barrier. Numerous peer reviewed studies indicate that many non-genetic service providers lack genetic knowledge, expertise, and confidence in their abilities to provide these specialized services.

An inadequate genetic workforce poses several hazards, including the potential to miss critical opportunities for preventive medical strategies. Furthermore, inaccurate genetic information given to consumers may raise undue alarm and/or prompt ill-advised and costly medical decisions, testing, or interventions.

If consumers are to benefit from the many advances in medical genetics, steps must be taken to ensure access to a well-trained health provider workforce that is large enough to handle the public demand.

We encourage SACGHS to identify novel methods to increase the number of qualified providers through genetic counseling training programs, medical genetics residency programs, and genetic nursing programs, as well as continuing to support the educational efforts targeting primary care providers and allied health professionals.

As an organization that is currently developing a strategic plan, the NSGC understands the challenges that face this committee as well as the difficulty of maintaining focus on the bigger picture. The scope of this committee's charge includes assessing how genetic technologies are being integrated into health care and public health. The top priorities you have raised both begin and end with access.

Therefore, NSGC strongly encourages this committee to evaluate achievable goals in a manner which will consistently move forward the ultimate objective of improved access to genetics as part of a global health care program. NSGC is available to support SACGHS in this endeavor.

Thank you.

DR. McCABE: Thank you very much.

Any questions? Reed, then Hunt.

DR. TUCKSON: First, thank you very much. Can you just focus on the one critical part of your comments and that was the availability now of certification of who is a genetic counselor and who ought to be allowed or is competent to be reimbursed within all the people that are going to be doing this stuff?

MS. ALLAIN: I'm not sure I completely understand. You're asking me which genetic counselors are certified and therefore available to get reimbursed for services?

DR. TUCKSON: How do you know? Thank you. Is there a clearcut certification for who it is that ought to be allowed to bill as a certified genetic counselor?

MS. ALLAIN: Well, at the national level, all genetic counselors are certified by the American Board of Genetic Counseling, but there are currently only two states that are actually licensing genetic counselors as billable health care providers and no CPT codes that are actually available for us to even bill, if we were recognized as billable entities.

DR. TUCKSON: So if someone has a certification through the American Board of Genetic Counselors, would that include then the nurses who have been trained to do that? Is that across disciplines?

MS. ALLAIN: No, that's not across disciplines. The American Board of Genetic Counselors specifically certifies master-level genetic counselors and individuals who have gone through accredited genetic counseling training programs. There are some advanced nurse practitioners who are board certified prior to the ABGC revising its requirements for accreditation.

DR. McCABE: Hunt?

DR. WILLARD: Dawn, you raised two issues on education, one providing additional training for the non-specialists which I think, as we had discussed yesterday, we would all heartily endorse. The second one was to try to increase the pipeline, in your case, for genetic counselors but also for medical geneticist specialists.

But if you sit back and say, well, these have been on the menu now for 10 years and the consumers, meaning all those who are either in or coming into the health care scene, have already voted and they're not interested in these menu items. So in that the numbers are either dwindling or staying constant as opposed to increasing drastically.

So can you give us concrete steps that you would want us to take to increase that pipeline or, alternatively, are there other strategies to say okay, we're not going to increase that pipeline, it's static? Is there an alternative strategy we might take?

MS. ALLAIN: Well, first of all, I would disagree with you, that the amount of genetic counselors has actually maintained static. I mean, if you remember Robin Bennett's presentation at the last SACGHS meeting, we've actually grown significantly with limitations of the clinical workforce in sites for training for these students.

I think that the bottom line is that although there is funding out there available to help expand some of the already existing programs, it's extremely limited, and so what we would like to see is other avenues that the federal government can help identify areas where genetic training programs and genetic specialty clinics can apply for funds in order to enhance our services as well as enhance the training of the genetic counseling workforce.

DR. McCABE: Any other questions or comments?

(No response.)

DR. McCABE: If not, thank you very much.

MS. ALLAIN: Thank you.

DR. McCABE: And our next presenter is Dr. Joann Boughman, Executive Vice President, American Society of Human Genetics, and Joann was also a member of the Secretary's Advisory Committee on Genetic Testing, and you have a handout here, the Genetic Information Non-Discrimination Act, which the American Society of Human Genetics has been following with interest and will keep us updated on progress.

DR. BOUGHMAN: Thank you very much, Chairman McCabe.

I would like to update the committee to let you know that there has been a great deal of activity with minimal and sometimes discouraging results, but in fact, we are trying hard and with this update, hopefully we will give you the opportunity to see some actions that you might take. So I'm pleased to have this opportunity to give you the update.

As you know, the Senate passed the Genetic Information Non-Discrimination Act of 2003 95 to nothing. The 95 to nothing is significant in that this was not a Floor vote where hands were raised or voices merely said aye. The Senators asked for a roll call vote because Senators from both sides of the aisle wanted to be on record as having supported the Genetic Information Non-Discrimination Act, and inside the Beltway here in Washington that's a significant process.

On the House side, which is where our challenge is now, Representative Louise Slaughter's bill, H.R. 1910, has been introduced. H.R. 3636, a bill by Representative Stearns of Florida, has been introduced. However, unfortunately, Senate 1053 is currently still being held at the desk.

When I say that 1910 has been introduced, it has also been sent to the two committees of jurisdiction, Energy and Commerce and Education and Workforce. H.R. 3636 is a much slimmer bill. It is a shell bill, if you will, and relates only to issues in Energy and Commerce.

It's all well and good that these bills have been sent to these committees, but there have been no hearings scheduled on either one of them, and after all of the work and negotiations done in Senate 1053, our preference anyway would be that 1053 would actually be taken from the desk and formally introduced into the House and assigned to committee so it could come back to the Floor for a vote.

We have been working with a very large coalition. It is referred to as the Coalition for Genetic Fairness, and the two-sided sheet that I gave you this morning is actually an attachment to an email I received just yesterday. No, it's got text on both sides, looks like this. This is actually chaired by the National Partnership for Women and Families. This is a coalition of about 30 to 40 different organizations, including the AMA, the ANA, American Society of Human Genetics, and Genetic Alliance, and many other organizations.

To this point, we have been working, all of us together, in order to develop these strategies, and here publicly, I would like to thank the National Partnership for in fact chairing these meetings.

We've had a meeting with the Chamber of Commerce which is the one group who has suggested, with written testimony anyway, to members of the House that Genetic Information Non-Discrimination Act is not necessary. However, in our meetings with the Chamber of Commerce, this is not one of their strongest priorities. They have other issues with regard to the economy

and are really remaining relatively silent on this issue.

Up through last Friday, we'd had 14 meetings in offices of representatives. There are 7 more scheduled for this week and meeting with various representatives in the House. We also had a meeting with Alan Gilbert at the White House, the domestic health affairs advisor to the president. Mr. Gilbert certainly understands the issues. He had worked on the Senate side previously with Senator Dodd, and in fact, the White House has made a Statement of Administrative Procedure, an SAP, that they are in support of 1053.

That leaves us seemingly pretty much where we were before because the logjam is literally at the desk on the House of Representatives side. We will continue our meetings, but we have developed the following more specific strategies. We have a letter from distinguished scientists that is going to be sent within the next two or three days. We will be doing a blast of emails to all ASHG members so that they could write to their members and I'll go through that in just a moment.

We also are doing with the Coalition a two-pronged approach and this is where the handout that you have. One is a release of statement and stories of cases, specific cases of discrimination. This is what we call the Faces of Genetic Discrimination Project. The Genetic Alliance and others have been very helpful in this.

Right now, our uphill battle is the statement you have a solution in search of a problem, and no longer will the statement that there is a concern out there about genetic discrimination. That's not going to carry us where we need to go. We need to be able to present facts. We need to be able to present data, and we need to be able to show people who have actually been discriminated against who have had these challenges and are dealing with it.

So in fact, we are trying to find people who are willing to step forward, and then each member of the Coalition, each organization, in addition to trying to find individuals who are willing to step forward, we also are gathering information, harder data. Now, these are not specific data by individual centers, but if we can demonstrate to the members of the House of Representatives that there have been hundreds or even thousands of individuals out there who have declined genetic testing for fear of concern, other specific data that might be helpful, and we are gathering these.

As you can see, we need all of this information compiled and ready to go by March 10th. Then, later in March, not only are we presenting these to members of the House of Representatives, we are in the process and will be in and out of the meeting today and so on to try and garner more support because probably the week of March 20th, we're going to do a more aggressive storming of the Hill, if you will, with consumers and others and really try and bring this forward. So keep your eyes and ears open for the day that we do that.

The one other and most important issue is the follow-up by constituents to their representatives in the House and that's what the second side of this page would do. The National Partnership has graciously included their CAPWIZ email site. Now, if you've never used CAPWIZ, it really is a two-click process. You go to the website that is indicated here. There is already written a letter that you can edit at will. You put in your zipcode, your name, and then click send and that will go to your representative. It really is less than two or three minutes.

The National Partnership is doing this. ASHG will be doing this with all of their members. The National Society of Genetic Counselors, the Genetic Alliance, and other organizations will be doing a specific blast email, so in fact our members will click from inside the email, click on

CAPWIZ, decide if they want to change their letter and click.

The last time around, we got about a 1,000 letters that went to the Senate. They took note. The people on the Hill, when they get a few thousand letters within a few days, they do take note. So I would encourage all of you to get involved in these issues by your concern as an independent citizen in contacting your own representative.

So at this point, that's where we are in fact from the last meeting of the SACGHS. There's been a tremendous amount of activity and not yet the results that we would like. I'd be happy to answer questions.

DR. McCABE: Thank you very much, Dr. Boughman.

Let me just remind the members of the committee, no matter how you feel on this issue, you should not send the emails while you're functioning as a special federal employee nor is it appropriate to use your title on this committee when sending those emails.

Having said that, is there anything, Dr. Boughman, that you can see that this committee could do to facilitate these efforts, given that we are on the record very strongly in support of genetic non-discrimination legislation?

DR. BOUGHMAN: Yes. I would say that in fact another letter to the Secretary to remind him that his position in the administration would go. It's very important for the Secretary to say the words to remind the president, to remind the other members in the West Wing and the other members of the Executive Branch that this is an issue out there that is of importance because we have a very short legislative session in this election year, and we're only going to have a couple of very brief windows to get this bill on the Floor and get it passed.

The good news and the bad news is that it's an election year. The bad news is that the session is shorter. The good news is that every representative, no matter what party, can in fact make a vote in concert with the way the Senate voted, claim victory and move on. This is something that the representatives can actually bring to fruition and only the House of Representatives and every representative's vote counts.

DR. McCABE: And what's the leverage for getting it moved, released from the desk?

DR. BOUGHMAN: That is Speaker Hastert and the leadership of the House. We've been working very hard with Representative Hastert and it simply has not been raised to the level of concern at this point. So we in fact are trying to contact numerous people in his district, making comments and putting pieces into the newspapers in the Illinois area, trying everything we can to remind them on a daily basis, if at all possible, that this is an issue of import.

DR. McCABE: Other questions? Yes, Debra, then Hunt.

DR. LEONARD: It's my understanding that this bill doesn't have to go to committee, that it could go right to vote. Is that true? 1053?

DR. BOUGHMAN: It could be brought directly to the Floor. The realistic aspect, I believe. Right now, our challenge, even in our meeting at the White House, with absolute serious face, Mr. Gilbert reiterated more than once the House has a process. The legislative process must work.

Even with the encouragement that part of the legislative process would be for the administration to encourage the leadership of the House to in fact move this quickly, it could go straight to the Floor. We have seen that as a barrier that is extremely high, but it has to get released from the desk some way or another.

DR. McCABE: Hunt?

DR. BOUGHMAN: Speaker Hastert has to put it on the agenda. He either assigns it to committee or takes it directly to the Floor.

DR. McCABE: Hunt?

DR. WILLARD: Is there any value in using the visibility of this committee to ask individuals who have been discriminated against because of their genome to either provide testimony to this committee, at least in written form, in order to get it on the record as something this committee could then work with?

DR. BOUGHMAN: The timing is going to be extremely difficult and whether they would provide public testimony to this committee or in fact to members of this committee and allow others to share this. I in fact was in contact with Sarah, what was it, 3 years ago in Baltimore, a meeting in Baltimore. We did have a very impressive young woman who clearly was discriminated against. That case itself had not been brought forward and it was in part because we were able to go back and recapture that public statement that she made to the SACGT and brought it forward that we developed this Faces of Genetic Discrimination Project, so in fact every case would clearly be important and that process would be helpful. The time frame is the difficult aspect.

DR. McCABE: Certainly, Paul Miller would be aware of some of these cases because he has been the one who brought the suits before the EEOC. Many of us are aware of individuals who have been discriminated against, some of whom have gone public already.

I think the issue is our next meeting is in June. That's really too late to have any impact on this session. That would certainly be something to think about in the future, if the committee wanted to move that way. We need to remember that our reporting structure is through the administration, but we, speaking really the SACGT, had impact before because one of the letters that I had signed that went to the Secretary had actually been used as a poster on the steps of the Hill. So I know that there's quite a bit of activity. So we can have an influence, but it's an influence somewhat indirectly through the administration.

Brad, did you want to make a comment?

MR. MARGUS: I just wanted to ask, other than the opposition to this bill and people resisting it, insisting that it may not be necessary, is there any other point they make that makes them not like this bill?

In other words, regardless of how many cases you can bring before them, why would someone be opposed to just giving people protection, and what is the other thing? I mean, is it insurance companies lobbying or what? I just don't have a good feel. I always hear the one side of it. What's their main point from the opposition? Just that it's not necessary?

DR. BOUGHMAN: The comments from the Chamber of Commerce really are fairly generic comments, that this would potentially add another layer of challenges and problems on employers with regard to insurance. There have been some discussions about concerns of one of the definitions in the bill.

Now, 1910 and 3636, the two other bills in the House, several people have problems with those two bills, but in fact, Representative Slaughter's bill, 1910, was really where Senate 1053 started before all of the negotiations process, and while it might not be as strong as some of us would like, in fact, we would be very pleased to see that version and it really is a generic no more regulation. We don't need it. We aren't discriminating. We don't need to do this. This is just more bureaucracy that we don't need to deal with.

DR. McCABE: Reed?

DR. TUCKSON: Yes, I just want to extend on where Brad was headed here. I think that one of the things that we have to, I think, be very disciplined about is being very specific about what the challenges are to getting these things done and then being able to put ourselves in a position to add the necessary information science data background that allows a persuasive argument to be made.

So I think it is important that we understand exactly who the opposition is and what their criteria are for concern, and in this case, Brad, I'm not sure, I don't think it is the insurance industry at all. I don't know that anybody in health insurance at least is against the bill. In fact, the health insurance industry signed, I think, support for the concept.

So I think it's being clear where is the problem and then what is the database that is necessary to counter the concern, and if it is, it sounds like, Joann, what you're saying is that the problem is that it is in fact the people who are purchasing health care who have their concerns.

I think if we could get from you, even though we know that you're trying to get this done between now and this term, but there's a strong chance, it looks like that it might not happen, while we're fighting this term, let's plan for the next term, and if we could get an analysis from you really with some specificity around what the argument is, then let's see whether any of those arguments are within our domain to be able to capture credible information that would then help to debunk that and then put that forward through the Secretary.

I think those are the kind of things which we might start to narrow and focus our agenda.

DR. McCABE: Yes, the two arguments that I have heard over the last several years about this. One is a business argument, frequently a small business argument, about the cost of insurance, the cost of doing business, and the other is an argument that again if Paul was here he could address better than I could, and that is that it's all covered under the ADA. So that, we really don't need additional legislation because the legislation exists.

The problem with that is if you extend out to where people take that argument with the ADA, as we get into common complex disease and recognize that they are genetics, then we're all covered by the ADA, and in fact we have lost that safety net for the people for whom the ADA was intended.

So that, I think there are some serious concerns about pushing that, but would you be willing to consider if there is not success -- Sarah's just pointing that Matthew Bradley is here representing

EEOC. I'm sorry, Matt, I didn't recognize that you were there.

MR. BRADLEY: No, that's fine. I'm not sure that there's anything I can add. The Commission doesn't take a position on legislation. We monitor what goes on. We have some awareness of cases and things like that, but if anybody wants to talk to me like during breaks or anything like that or ask any specific questions, I'd be happy to respond to the extent that I can.

DR. McCABE: But if this legislation is unsuccessful during this session and we decided to have another discussion of this and specific cases, given that some of those have been prosecuted within the EEOC, would you be allowed to tell us exactly what has already been accomplished?

MR. BRADLEY: Yes. Certainly, somebody at the Commission, if not in Commissioner Miller's office, in the EEOC's Office of Legal Counsel, there staff attorneys who monitor that. Peter Gray is in the audience and has done that in the past and probably will be doing more of it. I may be doing some of it. We'll be tracking it and are certainly at the committee's disposal.

DR. McCABE: Thank you very much for your willing to do that, and Dr. Boughman, again, we wish you success during this session, but in the absence of that success, would you be willing to update us in June, update us in June either way, and then also help us with strategies for moving forward?

DR. BOUGHMAN: Absolutely.

DR. McCABE: Reed?

DR. TUCKSON: That summary was important, and I think that what I'm also hoping and I don't want to write off -- we can talk later about things to do between now and then. I don't want us to look like we're giving up, but I think if you could before the next meeting really give us as much specificity around what were the determinant issues and then, secondly, Huntington's point which I thought was also key, which is perhaps we could then as a part of our fact-finding and greater level of detail and credibility of information gathering, perhaps convene some of the folks who are the faces, so that we could understand the issues better, but paradoxically also give some voice, some visibility to that effort going forward, perhaps which then can be sent more directly from here to some of the key decisionmakers.

DR. BOUGHMAN: Well, one of the things that I might suggest, I will certainly keep Sarah and the staff in the loop with regard to all of the data and the examples that we are able to collect by March 10th, and then she might be able to distribute some of that information to the committee members even during this session as we gather some of the data from around the country and the stories that we have, so that should you as private citizens and/or in talking to others around you utilize any of that information in making your comments.

DR. McCABE: Debra, and then Alan.

DR. LEONARD: I do think that we should write another letter, and can it be done by March 10th?

DR. McCABE: Yes. I figured we would take that up when we got to the issue among the 12 issues, but I had heard yesterday some suggestion about doing that and certainly was hearing that this morning as well. So I thought we would discuss the specifics at that point.

Alan?

DR. GUTTMACHER: It's no longer necessary for me to say anything.

DR. McCABE: I would point out that there are a number of references to genetic discrimination in the book that was passed out to you today.

Yes, Hunt?

DR. WILLARD: Notwithstanding what might be in the book, for ASHG to actually put on its website anonymized case statements. I mean, we all go around and talk about this --

DR. BOUGHMAN: Yes.

DR. WILLARD: -- to either our colleagues or the public and to be armed with six really strong examples of genetic discrimination, anonymized obviously, and be able to quote them with chapter and verse would be very useful and that would be a very valuable thing for, I think, ASHG to do.

DR. McCABE: Some of them are matters of public record, so they don't need to be anonymized.

DR. WILLARD: There are two examples that at least I know of that are always trotted out, but everyone has memorized those. It's always nice to have another half dozen.

DR. McCABE: There are others, because there are cases that were heard within the U.S. Uniform Services. There are other cases as well as the two that went before the EEOC.

Yes, Cindy?

MS. BERRY: Joann, in the course of your meetings, have the Republicans surfaced somebody who really cares about this issue to an extent that they would be willing to introduce the Senate version of the bill as a House companion and aggressively push it with the leadership? Because absent that, I mean, we may all be frustrated by comments that the House has its process and all that, but the fact of the matter is something as important as this issue is, and we all think it's of critical importance, the House is not going to bypass their committee process. Their committees want to have an impact on an issue like this. They don't really want to dismiss it and say okay, we'll just accept whatever the Senate did.

So we're faced with that reality and the way around it is to have a Republican member join with the Democrat. Bipartisan is always the best, but a real aggressive Republican member who's willing to champion this and work within the leadership to push some version of S. 1053 through their process because I don't see us bypassing the House process.

So there is an alternative way which is to kind of ram it through the process as quickly as possible and constantly badgering the leadership in the House to just allow it to happen, and I was wondering -- it's sort of a longwinded question -- has somebody like that surfaced?

DR. BOUGHMAN: There is nobody that has truly stepped forward that is in a position of strength in the House that we can count on, and we are challenged because the committee leadership has changed. Representative Tauzin has stepped down. Representative Barton is now the chair of that committee and this is a brand-new issue for Representative Barton, although

we've had multiple meetings with his staff and with the representative.

We did get Representative Zach Wamp from Tennessee who wrote a commentary in the Washington Times which has been oft-quoted now on the Hill, but there have been 200 Republicans that have signed on to 1910 or 180 or something. Many Republicans have signed on. They just have not stepped forward to take a leadership role.

MS. BERRY: The problem is it's sponsored by a Democrat. So the leadership, despite the fact that there are lots of Republicans supporting it, it's not viewed as a Republican bill. So that's why I suggest flipping it, having it the other way around, having a lead Republican and then being joined by Democrats and have it be pushed through that way, but it's easier said than done.

DR. BOUGHMAN: That's the key and in fact we are clearly aware of that strategy. One of our hopes even with Representative Zach Wamp because Senator Frist has come out so strongly in favor of this and took a leadership role on the Senate side. Being from Tennessee, we had hoped that that might in fact be helpful. It has not gone as far as we had hoped.

DR. McCABE: Thank you very much. Clearly, this is a topic that will come up later in the morning as we go through the remaining issues. We appreciate your updating us today and look forward to another update at our June meeting. Thank you very much.

DR. BOUGHMAN: Thank you, Mr. Chairman. I wonder if, since I didn't know that I needed to put my name on the list twice, might I just say on behalf of the American Society of Human Genetics that we commend the work of the committee on these 12 priorities. As you know, we are working very hard on these, not only on the genetic discrimination issue, but as you heard from me last time, on the education and training issue.

We have been continuing our work and would hope that this committee could do what they could do in fact encourage the Secretary to be supportive of training, especially issues as was pointed out yesterday that go across agencies. This is part of the larger plan of HHS and this is one of the opportunities that the Administration has to in fact have success in that area.

We, too, although ASHG is the umbrella organization, many of our members are active clinically and obviously the umbrella of access with coverage and reimbursement issues are extremely important to us. Many of the other issues that you're talking about are issues of ongoing discussion for members of ASHG and the leadership.

I won't take time now, except to say that we appreciate your hard work and resolve to move some of these things forward and the leadership and membership of ASHG stands ready to help you in any way that we would be able to during your deliberations. Thank you.

DR. McCABE: Thank you very much. That ends the public comment.